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Filing Date Application Number D019 MULTIPLE DEPENDENT CLAIM **FEE CALCULATION SHEET** Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments AFTER SECOND AFTER FIRST CLAIMS AS FILED AMENDMENT AMENDMENT Depend Indep Depend Indep Depend Depend Indep Indep Depend Indep Depend Indep conce car ī Total Total Indep Indep Total Total Depend Depend Total Total Claims

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